

**Meeting of the Skin Site Specific Group**

Thursday 21<sup>st</sup> November 2019

Roadford Lakes, Broadwoodwidge, Devon

**THIS MEETING WAS SPONSORED BY CELGENE, LEO PHARMA, DERMAL, MERCK AND NOVARTIS**

**FREEDOM OF INFORMATION**

*This group will observe the requirements of the Freedom of Information Act (2000) which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.*

**SSG Chair: Dr Emily McGrath**

Consultant Dermatologist- Royal Devon and Exeter NHS Foundation Trust

**Draft Notes**

Reference	Notes
<b>1.0</b>	<b>Welcome and Introductions</b>
1.1	Please refer to separate record of attendance on the SWCN website.
1.1.1	The minutes of the previous meeting held in May 2019 were considered.
<b>2.0</b>	<b>Matters arising</b>
2.1	<b>ACTION:</b> EM to chase KD regarding outstanding actions from the previous meeting.
2.2	(Ref 9.0) EM has requested ideas from the group on how funding offered from Jon Miller (Peninsula Cancer Alliance) could be spent to make improvements to the service. SWAG Alliance has received similar funding and are considering expanding their teledermatology service and investing into medical photography. EM received no suggestions from the group following this request.
2.2.1	ED explained that this funding is available for this financial year only from the alliance, therefore the team need to use it to avoid losing it.
2.2.2	It was suggested that following on from the SCC Audit by Alistair Brown, funding could be used to create an educational video for patients, to allow them to self-examine in order to minimise follow-ups of SCCs.
2.2.3	<b>ACTION :</b> EM to discuss further with JM

3.0	<b>Clinical Guidelines</b>
3.1	The network clinical guidelines are still in a draft format. SSC BAD recommendations remain unpublished; therefore, EM has drafted the chapter based on current guidelines available.
3.1.1	<b>ACTION:</b> BK to circulate this around the group for comments.
4.0	<b>Standardising MDT</b>
4.1	EM explained the optimal requirements for MDT discussion and discussed the need for the Peninsula to have similar / standardised criteria in place for entry.
4.1.1	<b>ACTION:</b> EM to contact each MDT to record differences in criteria.
5.0	<b>LWBC/ Personalised care – Peninsula Update</b> <i>Maria Bracey, LWBC CNS, Royal Devon and Exeter NHS Foundation Trust</i>
5.1	Please see the slides circulated with the minutes for further information.
5.2	The group raised concern that this is not applicable to Skin patients. MB explained that the peninsula would be looking at how they are meeting the KPI's, many of which will also be included within the COSD datasets.
5.3	Teams expressed the need for further CNS support. MB explained that currently the transformational funding received for Personalised care is non-recurrent.
6.0	<b>An audit of LM/ MM in situ management and outcomes over 5 years at the RD&amp;E</b> <i>Dr Charlotte Carmichael, Speciality Doctor , Royal Devon and Exeter NHS Foundation Trust</i>
6.1	To view the findings , please view the slides circulated with the minutes
6.2	The team would like to consider a network wide audit as this could be of value.
7.0	<b>SCCs of the cutaneous lip/ vermilion and their management</b>
7.1	AA explained that SSC vermilion is often treated similarly as cutaneous. BAD guidelines indicates that there is a higher risk of metastasis of the cutaneous opposed to the vermilion and there is concern that by putting them together that has the potential to disservice those patients.
7.2	TN explained that the stage imaging required for vermilion is not the same as the cutaneous. This can vary when going through different MDTs (Head and Neck) but this should be standardised. Often the Head and Neck teams are MRI scanning these patients. The guidance suggests that all 3 imaging options can be used.
7.2.2	<b>ACTION:</b> Teams to go back to their Head and Neck MDT to find out how they manage patient imaging.

8.0	<p><b>Follow up of SCCs of the Cutaneous</b></p>
8.1	<p>The group discussed ideas on how they can effectively use their resources for follow up of SCC patients. They identified that the morbidity rate for these are low and have identified a need to support patients with SSM to reduce face to face follow ups.</p>
8.2	<p>The group discussed a health educational clinic/ video for these patients along with a telephone number should they need it “open follow up”.</p>
8.3	<p>The team discussed the ‘frailty index’ as a valuable tool when risk stratifying patients as it helps to identify those patients at greater risk of adverse outcomes as a result of their underlying vulnerability.</p>
8.4	<p><b>ACTION:</b> EM to look into progressing an educational video.</p>
8.5	<p>The team discussed further ideas to reduce follow up:</p> <ul style="list-style-type: none"> <li>• HWBC on how to self-examine</li> <li>• 1:1 with the CNS or open access to a follow up appointment if the patient requires</li> <li>• 1 educational appointment with no follow up</li> </ul>
9.0	<p><b>High Risk Surveillance</b></p>
9.1	<p>Laura Beer has written the chapter on Melanoma but had a query regarding how often the teams are monitoring stage 3 patients with CT scans.</p>
9.2	<p>National guidelines 2015 suggests that surveillance should take place 6 monthly over 3 years. Those receiving adjuvant therapy every three months</p>
9.3	<p>The group Identified that NICE is not clear on whether this surveillance should be CT or MRI brain scans.</p>
9.3.1	<p>It was clear that there was a variation in practice across the peninsula and this should be standardised.</p>
9.4	<p>Agreed at least 6 monthly for 3 years.</p>
9.4.1	<p><b>ACTION:</b> BK to integrate into the network guidelines.</p>
10.0	<p>Genomic Update <i>Ana Juet, Programme lead, SW Genomic Hub</i></p>
10.1	<p>Please see the slides circulated with the minutes for further information.</p>
10.2	<p>Paediatric WGS is available up until the day they are 20.</p>
10.3	<p>Genetic testing from the National Test Directory will be centrally funded from April 2020.</p>

10.4	<b>ACTION:</b> BK to circulate flyer for the upcoming educational event on the 29 <sup>th</sup> January 2020
11.0	<b>AOB</b>
11.1	<b>Date of Next Meeting</b>  The next meeting is due in May 2020- to be confirmed.
	<b>-END-</b>